

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/11/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155029		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 04/07/2011	
NAME OF PROVIDER OR SUPPLIER  COMMUNITY NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 5600 EAST 16TH STREET INDIANAPOLIS, IN46218			
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey Dates: April 3, 4, 5, 6 &amp; 7, 2011</p> <p>Facility Number: 000012 Provider Number: 155029 Aim Number: 100274900</p> <p>Survey Team: Diana Zgonc RN TC Connie Landman RN Courtney Hamilton RN Christi Davidson RN (April 4 &amp; 5, 2011)</p> <p>Census Bed Type: SNF/NF: 102 Total: 102</p> <p>Census Payor Type: Medicare: 15 Medicaid: 75 Other: 12 Total: 102</p> <p>Sample: 21</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2.</p> <p>Quality review 4/12/11 by Suzanne Williams, RN</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0157 SS=D	<p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to ensure the physician was notified of blood sugar readings outside the parameters ordered for 1 of 4 diabetic residents with call orders, and for notification of a medication error for 1 of 18 residents reviewed for medication administration in a sample of 21</p>			F0157	<p><b>F157 Notify of Changes/Injury/Decline/Room/etc.</b></p> <p>It is the practice of this provider to ensure that all alleged violations involving the notification of changes, injury, decline, room change, etc. are in accordance with State and Federal law.</p> <p><b>What corrective action(s) will be taken for those residents found to have been</b></p>		05/02/2011

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	<p>(Residents #6, #95).</p> <p>Findings include:</p> <p>1. The record for Resident #6 was reviewed on 4/4/11 at 1:15 P.M.</p> <p>Current diagnoses included, but were not limited to, neuropathic pain, syncope, chest pain, diabetes mellitus, ketoacidosis, coronary artery disease, and hypertension.</p> <p>A current health care plan, dated 5/11/10 and last updated 1/20/11, indicated a problem of diabetes. One intervention indicated blood sugars were to be done as ordered.</p> <p>A current physician's order, originally dated 1/27/11, indicated accuchecks (fingerstick blood sugars) were to be done twice daily on Mondays and Thursdays, and to call the physician for blood sugar readings less than 70 or greater than 200.</p> <p>The "Capillary Blood Glucose Monitoring Tool" for February, 2011, indicated the following blood sugars: 2/3/11 at 4:00 P.M. BS (blood sugar) 267 2/10/11 at 6:00 A.M. BS 233 2/17/11 at 4:00 P.M. BS 204 2/24/11 at 4:00 P.M. BS 223 2/28/11 at 4:00 P.M. BS 224</p>			<p><b>affected by the deficient practice?</b></p> <p>The MD has been notified of resident #6's recent blood glucose readings including those above call order range. The MD was also notified of medication error with ferrous sulfate, new orders were obtained and medication error corrective action provided to nurse responsible for error.</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <p>All residents who reside in the facility have the potential to be affected by this alleged deficient practice.</p> <p>The Staff Development Coordinator or designee will educate facility nurses on blood glucose monitoring, documentation and MD notification in regards to call orders.</p> <p>Staff Development Coordinator or designee will educate nurses on medication errors and appropriate notification process.</p> <p>DNS or designee will educate nurse management team on appropriate rewrite process.</p> <p><b>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</b></p> <p>Medication Error CQI will be completed once weekly X 4, biweekly X 2 then quarterly thereafter.</p>			

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	<p>The "Capillary Blood Glucose Monitoring Tool" for March, 2011, indicated the following blood sugars: 3/3/11 at 4:00 P.M. BS 223 3/14/11 at 6:00 A.M. BS 223 3/24/11 at 6:00 A.M. BS 237</p> <p>The February and March, 2011, MARs (Medication Administration Records), Nurses Notes, and Capillary Blood Glucose Monitoring Tool all lacked documentation of any physician notification for these blood sugars over 200.</p> <p>During the daily conference on 4/4/11 at 5:00 P.M. with the Administrator and DON (Director of Nursing), information on the missing notifications for these blood sugars was requested.</p> <p>During the daily conference with the Administrator, DON, and ADON (Assistant DON) on 4/5/11 at 4:25 P.M., the DON indicated no notifications were found.</p> <p>2. Resident #95's record was reviewed on 04/04/11 at 9:50 A.M., diagnoses included but were not limited to encephalopathy, hypertension, congestive heart failure, Barretts esophagus, right sided CVA and seizures.</p> <p>A physicians order dated 02/09/11</p>				<p>Change of condition CQI will be completed once weekly X 4, biweekly X 2 then quarterly thereafter.</p> <p>MAR/TAR CQI will be completed once weekly X 4, biweekly X 2 then quarterly thereafter.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?</b></p> <p>The medication error, change of condition and MAR/TAR CQI's will be reviewed monthly by the CQI Committee.</p> <p>Deficiency in this practice will result in disciplinary action up to and including termination of the responsible employee.</p>		

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	<p>indicated, "d/c (discontinue) ferrous sulfate (iron supplement) TID (three times per day). Start ferrous sulfate 300 mg (milligrams) sol (solution) per g-tube (gastrostomy tube) daily."</p> <p>A physicians order dated 04/04/11 at 4:30 P.M., indicated, "clarification d/c ferrous sulfate TID start ferrous sulfate 300 mg per g-tube daily."</p> <p>A current Medication Administration Record dated 04/01/11 indicated resident was to receive "Ferrous sulf 300 mgs per G-tube three times daily." Original date of the physicians order was 02/07/11.</p> <p>Record review indicated Resident #95 received Ferrous Sulfate TID from 03/01/11 thru 04/03/11.</p> <p>The record lacked documentation regarding physician notification of the medication error.</p> <p>Nurses notes dated 04/04/11 at 5:30 P.M., indicated, "order clarification rc'd (received) noted and faxed pharmacy."</p> <p>An interview with LPN #2 on 04/05/11 at 2:00 P.M., indicated, "the physician notifications are in the nurses notes."</p> <p>During exit conference on 04/05/11 at</p>						

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F0282 SS=E	<p>4:45 P.M., the Director of Nursing indicated the physician had not been notified of the medication error.</p> <p>3.1-4(a)(3)</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to ensure sliding scale insulin (SSI) was given as ordered for 1 of 2 diabetics with SSI ordered (Resident #32), and to ensure oxygen saturation (O2 Sat) levels were measured as ordered for 1 of 2 residents reviewed for O2 Sat levels (Resident #44), and blood pressures (B/P's) and heart rates (HRs) were taken and antihypertensive medication held as ordered for 4 of 5 residents with orders to monitor B/P and hold medication (Residents #32, #5, #69, #95) and 1 of 2 residents with HR orders (Resident #71) in a sample of 21.</p> <p>Findings include:</p> <p>1. The record for Resident #32 was reviewed on 4/4/11 at 10:15 A.M.</p> <p>Current diagnoses included, but were not limited to, Alzheimer's dementia, HTN (hypertension), anemia, diabetes mellitus,</p>		F0282	<p><b>F282 Services by qualified persons/per care plan.</b></p> <p>It is the practice of this provider to ensure that all alleged violations involving services by qualified persons/per care plan are in accordance with State and Federal law.</p> <p><b>What corrective action(s) will be taken for those residents found to have been affected by the deficient practice?</b></p> <p>MD was notified of Resident #32's recent blood glucose readings and blood pressure values.</p> <p>The MD was notified of resident #44's O2 saturations and no new orders were obtained at this time.</p> <p>MD was notified of Resident #5's recent blood pressure readings. Hold parameters were reviewed with the physician.</p> <p>MD was notified of Resident #69's recent blood pressure readings. Hold parameters were reviewed with the physicians.</p> <p>The facility obtained a blood pressure on Resident#95 and notified MD of</p>		05/02/2011	

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	<p>osteoporosis, and acute renal failure.,</p> <p>A current health care plan, dated 3/17/11 indicated a problem of diabetes with an intervention "Insulin/meds (medications) as ordered."</p> <p>A current health care plan, dated 3/17/11, indicated a problem of HTN with an intervention of "Antihypertensive medication as ordered."</p> <p>A current physician's order, dated 3/4/11, indicated SSI was to be administered as follows: Humalog (type of insulin) inject sub-q (subcutaneously) for blood sugar (BS) 201 - 250 = 2 units, BS 251 - 300 = 3 units, BS 301 - 400 = 4 units, and to call the physician if BS less than 70 or more than 400.</p> <p>The March, 2011, MAR (Medication Administration Record) and March, 2011, Capillary Blood Glucose Monitoring Tool indicated: 3/17/11 at 6:00 A.M. BS 232 - lacked documentation of SSI being given, should have received 2 units 3/26/11 at 9:00 P.M. BS 322 - lacked documentation of SSI being given, should have received 4 units.</p> <p>A current physician's order, dated 3/4/11, indicated Lisinopril (antihypertensive) 20</p>			<p>reading. Hold parameters were reviewed with the physician.</p> <p>The facility obtained the heart rate for resident #71 and the MD was notified of the reading. Hold parameters were reviewed with the physicians.</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <p>All residents who receive medications requiring vital sign and blood glucose monitoring with or without hold orders per MD order have the potential to be affected by this alleged deficient practice.</p> <p>The Staff Development Coordinator or designee will educate facility nurses on blood glucose and vital sign monitoring, documentation and MD notification in regards to call/hold orders.</p> <p>The Staff Development Coordinator or designee will educate nurses on following physician orders including vital sign monitoring and documentation, hold orders, call orders and sliding scale insulin administration and documentation</p> <p><b>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</b></p> <p>Medication Error CQI will be completed once weekly X 4, biweekly X 2 then quarterly thereafter.</p> <p>Change of condition CQI will be completed once weekly X 4, biweekly X</p>			

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	<p>milligrams (mg) was to be given once a day, but held for B/P less than 120.</p> <p>The March, 2011, MAR indicated on 3/27/11 a B/P of 119/76 and on 3/30/11 a B/P of 119/68. The MAR did not indicate the Lisinopril had been held on either of those days.</p> <p>During the daily conference with the Administrator and DON (Director of Nursing) on 4/4/11 at 5:00 P.M., information regarding the missing SSI doses and if the Lisinopril was held was requested.</p> <p>During the daily conference with the Administrator, DON, and ADON (Assistant DON) on 4/5/11 at 4:30 P.M., the DON indicated no information regarding the SSI and holding the Lisinopril was found.</p> <p>2. The record for Resident #44 was reviewed on 4/5/11 at 10:00 A.M.</p> <p>Current diagnoses included but were not limited to, osteoarthritis, COPD (chronic obstructive pulmonary disease), emphysema, metastatic colon cancer, and neuropathy.</p> <p>A current health care plan, dated 12/10/10, indicated a problem of COPD</p>				<p>2 then quarterly thereafter.</p> <p>MAR/TAR CQI will be completed once weekly X 4, biweekly X 2 then quarterly thereafter.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?</b></p> <p>The medication error, change of condition and MAR/TAR CQI's will be reviewed monthly by the CQI Committee.</p> <p>Deficiency in this practice will result in disciplinary action up to and including termination of the responsible employee.</p>		



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	<p>with an intervention of "Monitor oxygen saturation via pulse oximeter as ordered."</p> <p>A current physician's order, originally dated 9/2/10, indicated O2 Sats were to be monitored every shift.</p> <p>The March, 2011, MAR and Nebulizer Treatment Flow Sheets lacked documentation of O2 Sat readings on:</p> <p>3/1/11 on day shift 3/2/11 on evenings shift 3/3/11 on night shift 3/7/11 on evening shift 3/8/11 on evening shift 3/11/11 on evening shift 3/12/11 on day evening and night shift 3/13/11 on day, evening, and night shift 3/16/11 on evening shift 3/17/11 on day, evening, and night shift 3/18/11 on evening shift 3/19/11 on day, evening, and night shift 3/24/11 on evening shift 3/25/11 on night shift 3/26/11 on day and evening shift 3/27/11 on day, evening, and night shift</p> <p>The February, 2011, MAR and Nebulizer Treatment Flow Sheets lacked documentation of O2 Sat readings on:</p> <p>2//4/11 on evening shift 2/5/11 on day, evening, and night shift 2/7/11 on night shift 2/11/11 on evening shift</p>						

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	<p>2/12/11 on night shift</p> <p>2/13/11 on day shift</p> <p>2/14/11 on evening shift</p> <p>2/15/11 on evening shift</p> <p>2/23/11 on evening shift</p> <p>2/24/11 on evening shift</p> <p>2/25/11 on evening and night shift</p> <p>2/26/11 on day, evening and night shift</p> <p>2/27/11 on evening shift</p> <p>During the daily conference with the Administrator, DON, and ADON on 4/5/11 at 4:30 P.M., information regarding the missing O2 Sats was requested.</p> <p>During an interview on 4/6/11 at 12:40 P.M., the DON indicated they had only found a couple of the missing O2 Sats, and they had identified as this as a problem they would work on.</p> <p>3. The record for Resident #5 was reviewed on 4/4/11 at 2:35 A.M. Current diagnoses included, but were not limited to, gallstones, pancreatitis, CHF (congestive heart failure), COPD, atrial fibrillation, ASHD (arterial sclerotic heart disease) HTN, and diabetes mellitus.</p> <p>A current health care plan, dated 10/15/10, indicated a problem of elevated B/P, receives antihypertensive medication. Interventions included, but were not limited to, monitor B/P as</p>						

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	<p>ordered and notify MD if high or low, and meds as ordered per MD.</p> <p>A current physician's order, originally dated 1/17/11, indicated Verapamil ER (antihypertensive and antiarrhythmic) 180 mg to be given once a day, but hold if systolic B/P (SB/P) is less than 110.</p> <p>The March, 2011, MAR indicated the following SB/Ps: 3/4/11 108 3/12/11 106 3/18/11 104 3/24/11 108 The MAR did not indicate the Verapamil was held on any of these dates.</p> <p>During the daily conference with the Administrator, DON, and ADON on 4/4/11 at 5:00 P.M., information regarding holding the Verapamil was requested.</p> <p>During the daily conference with the Administrator, DON, and ADON on 4/5/11 at 4:30 P.M., the DON indicated the Verapamil had not been held.</p> <p>4. Resident #69's record was reviewed on 04/04/11 at 1:25 P.M., diagnoses included but were not limited to Alzheimers, hypertension, cervical degenerative joint disease, constipation, and vertigo.</p>						

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	<p>The record review indicated current physicians order originally ordered on 10/17/08, for Lisinopril (blood pressure medication) 20 mg 1 tablet by mouth daily. Hold if SBP (systolic blood pressure) &lt;120 or DBP (diastolic blood pressure) &lt;70.</p> <p>Record review of the medication administration record (MAR) lacked documentation that resident #69's BP had been checked regularly prior to administration of the Lisinopril from 02/01/11 to 04/04/11.</p> <p>Record review of nursing notes dated 03/09/11 at 8:00 A.M., indicated Resident #69's BP was 102/62.</p> <p>Record review of nursing notes dated 03/22/11 at 9:00 A.M., indicated Resident #69's BP was 121/66.</p> <p>Review of the Medication Administration Record (MAR) dated 03/01/11 thru 03/31/11 indicated resident received the Lisinopril on 03/09/11 and 03/22/11.</p> <p>During an interview with the Director of Nursing on 04/04/11 at 4:20 P.M., he indicated "the daily BP's were not found."</p> <p>5. Resident #95's record was reviewed on 04/04/11 at 9:50 A.M., diagnoses included but</p>						

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	<p>were not limited to encephalopathy, hypertension, congestive heart failure, Barretts esophagus, right sided CVA and seizures.</p> <p>The record review indicated current physicians order originally ordered on 12/04/10, for Amlodipine (blood pressure medication) 5 mg 1 tablet per g-tube (gastrostomy tube) once daily hold for SBP &lt;120. Take prior to med administration.</p> <p>Record review of the medication administration record (MAR) lacked documentation that Resident #95's BP had been checked prior to administration of the Amlodipine from 02/09/11 to 04/04/11.</p> <p>During an interview with the Director of Nursing on 04/04/11 at 4:20 P.M., he indicated "the daily BP's were not found."</p> <p>6. The record for Resident #71 was reviewed on 4/5/11 at 9:00 A.M.</p> <p>Diagnoses for Resident #71 included but were not limited to Hypertension, Chronic Renal Insufficiency, Anemia, and Seizures.</p> <p>A current physician's order originally dated 1/29/11 indicated a need for Metoprolol 100 milligrams (mg) 1 tablet</p>						

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F0309 SS=D	<p>twice a day. Hold if the SBP (systolic blood pressure) is less than 100 or the heart rate (HR) is less than 65.</p> <p>The February Medication Administration Record (MAR) lacked documentation of any (HR) recorded from February 1 - 10, 2011.</p> <p>During an interview on 4/5/11 at 4:30 P.M., the Administrator indicated no HR for February 1 - 10, 2011 could be found for Resident # 71.</p> <p>3.1-35(g)(2)</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on interview and record review, the facility failed to ensure a resident with an arterial-venous fistula (AV fistula) receiving hemodialysis did not receive subcutaneous injections in the same extremity as the fistula, and failed to ensure the AV fistula site was properly assessed. This affected 1 out of 4 residents reviewed for AV fistulas in a sample of 21. (Resident #96)</p> <p>Findings include:</p>			F0309	<p><b>F309 Provide care/services for highest well being.</b></p> <p>It is the practice of this provider to ensure that all alleged violations involving providing care/services for highest well being are in accordance with State and Federal law.</p> <p><b>What corrective action(s) will be taken for those residents found to have been affected by the deficient practice?</b></p> <p>Resident #96's AV fistula site was assessed and no abnormal findings were noted. The resident's medical record</p>		05/02/2011

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	<p>A current facility policy provided by the Director of Nursing on 04/06/11 at 8:15 A.M., titled "Dialysis Care" dated 03/10, indicated "an assessment of the resident's dialysis access site will be completed daily to include bruit and thrill (if applicable), condition of skin at site, drainage, pain, warmth, redness and recorded on the Medication Administration Record (MAR) and/or dialysis flow sheet specific to facility policy." and "an assessment of the resident will be completed upon return from each dialysis visit to include vital signs and assessment of the site including bruit and thrill (if applicable), drainage, and general condition. Documentation of the assessment will be recorded on the dialysis flow sheet and/or MAR."</p> <p>Resident #96's record was reviewed on 04/04/11 at 3:20 P.M., diagnoses included but were not limited to chronic renal failure, diabetes, hypertension, left arm AV fistula, and schizophrenia.</p> <p>A current care plan dated 03/16/11 indicated "resident (#96) receives dialysis: potential for complications. Approaches included: assess dialysis shunt q [every] shift, monitor bruit and thrill, no BP [blood pressure] or venipuncture in shunt site."</p>				<p>was updated with appropriate AV fistula site documentation and restrictions.</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <p>All residents with AV fistulas and precautions who reside in the facility have the potential to be effected by the alleged deficient practice.</p> <p>The Staff Development Coordinator or designee will educate facility nurses on appropriate assessment for AV fistula sites and appropriate precautions in regards to AV fistula sites.</p> <p><b>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</b></p> <p>Dialysis CQI will be completed once weekly X 4, biweekly X 2 then quarterly thereafter.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will</b></p> <p>The dialysis CQI will be reviewed monthly by the CQI Committee.</p> <p>Deficiency in this practice will result in disciplinary action up to and including termination of the responsible employee.</p>		

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	<p>The record lacked documentation of any assessments of the AV fistula site. The record lacked any physician orders regarding the AV fistula site.</p> <p>The MAR dated 03/01/11 thru 03/31/11 indicated the resident was to receive Humalog (insulin) subcutaneous per sliding scale: &lt;200 = 0 units, 201-250 = 1 units, 251-300 = 3 units, 301-350 = 5 units, call MD if &lt;70 or &gt;350. On the following dates, resident #96 received insulin injections in the left arm: 03/08/11, 03/13/11, 03/15/11, and 03/16/11.</p> <p>An interview with the 2nd floor unit manager on 04/05/11 at 9:20 A.M., indicated "...the documentation of the fistula site checks would be on the MAR."</p> <p>An interview with Resident #96 on 04/07/11 at 1:50 P.M., indicated "...they only check it (my fistula) at dialysis, not here."</p> <p>3.1-37(a)</p>						



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F0334 SS=E	<p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes</p>						

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	<p>documentation that indicated, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>(v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.</p> <p>Based on record review and interview, the facility failed to ensure a consent was obtained for a pneumococcal vaccine, failed to offer the vaccine or failed to give the vaccine to residents who had consented to the pneumococcal vaccine, for 7 of 18 residents in a sample of 21 reviewed for pneumococcal vaccines (Resident #33, #89, #44, #6, #22, #53 and #84).</p> <p>Findings include:</p> <p>1. A current facility policy dated July 08 and titled, "Resident Immunization: General" and provided by the Director of Nursing (DON) indicated, "Policies</p>			F0334	<p><b>F334 Influenza and Pneumococcal Immunizations</b></p> <p>It is the practice of this provider to ensure that all alleged violations involving influenza and pneumococcal immunizations are in accordance with State and Federal law.</p> <p><b>What corrective action(s) will be taken for those residents found to have been affected by the deficient practice?</b></p> <p>Resident#33 was educated on and offered Pneumococcal vaccine. Actions were taken based on resident's wishes for the vaccination.</p> <p>Resident#89 was administered Pneumococcal vaccine.</p> <p>Resident#44 was educated on and offered Pneumococcal vaccine. Actions were taken based on resident's wishes for</p>		05/02/2011

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	<p>The facility shall document the vaccination status of residents. Residents shall be fully and currently immunized per Advisory Committee on Immunization Practices (ACIP) recommendations, unless medically contraindicated or refused by the resident/family."</p> <p>2. A current facility policy dated July 08 and titled, "Resident Immunization: Influenza Vaccination Pneumococcal Polysaccharide Vaccine (PPV) and provided by the DON indicated, "Policy ... One time PPV shall be offered concurrently to those residents who have completed a consent form ... "</p> <p>3. The record for Resident #33 was reviewed on 4/5/11 at 10:30 A.M.</p> <p>Diagnoses for Resident #33 included but were not limited to, Hypertension, Peripheral Vascular Disease, Congestive Heart Failure and Chronic Kidney Disease.</p> <p>The immunization record lacked documentation of the resident receiving a pneumonia vaccine or the facility obtain a signed consent.</p> <p>4. The record for Resident #89 was reviewed on 4/4/11 at 1:30 P.M.</p>				<p>the vaccination.</p> <p>Resident#6 was administered Pneumococcal vaccine and appropriate documentation noted.</p> <p>Resident#22 was educated on and offered Pneumococcal vaccine. Actions were taken based on residents wishes for the vaccination.</p> <p>Resident#53 was educated on and offered Pneumococcal vaccine. Actions were taken based on residents wishes for the vaccination.</p> <p>Resident#84 was educated on and offered Pneumococcal vaccine. Actions were taken based on residents wishes for the vaccination.</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <p>All residents have the potential to be affected by this alleged deficient practice.</p> <p>Resident's and/or resident families will receive education on influenza and pneumococcal immunizations upon admission.</p> <p>SDC or designee will educate facility staff on documentation and administration of influenza and pneumococcal immunizations.</p> <p>ED or designee will educate admissions coordinator on appropriate pneumococcal education and consent.</p> <p><b>What measures will be put into place</b></p>		

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	<p>Diagnoses for Resident #89 included but were not limited to, Chronic Renal Insufficiency, Diabetes, Chronic Obstructive Pulmonary Disease, Respiratory Failure and Hypertension.</p> <p>The immunization record indicated the resident had consented to the pneumo vaccine but lacked documentation of the resident receiving a pneumonia vaccine.</p> <p>During an interview on 4/5/11 at 4:30 P.M., the DON indicated Resident #33, #89, #44, #6, #22, #53 &amp; #84 had not been given the pneumonia vaccine.</p> <p>5. The record for Resident #44 was reviewed on 4/5/11 at 10:00 A.M.</p> <p>Current diagnoses included but were not limited to, osteoarthritis, COPD (chronic obstructive pulmonary disease), emphysema, metastatic colon cancer, and</p>				<p><b>or what systemic changes will you make to ensure that the deficient practice does not recur?</b></p> <p>Each new admission will be reviewed by IDT team, consents will be verified and vaccinations will be administered and documented per resident choice.</p> <p>Annually each fall, Staff Development Coordinator will provide education and obtain consent forms on all residents who reside in the facility. Vaccinations will be administered and documented per residents' choice.</p> <p>Infection control review CQI's will be completed on a weekly basis x 4, biweekly x 2, and quarterly thereafter.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?</b></p> <p>The CQI committee will review infection control CQI's in the monthly CQI meeting.</p> <p>Deficiency in this practice will result in disciplinary action up to and including termination of the responsible employee.</p>		

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	<p>neuropathy.</p> <p>The April, 2011, recapitulation of physician's orders indicated "may have pneumonia vaccine".</p> <p>The record for Resident #44 lacked documentation of a signed consent form or administration of the pneumococcal vaccine.</p> <p>During the daily conference with the Administrator, DON (Director of Nursing), and ADON (Assistant DON) on 4/5/11 at 4:30 P.M., information about Resident #44's pneumonia vaccine was requested.</p> <p>6. The record for Resident #6 was reviewed on 4/4/11 at 1:15 P.M.</p> <p>Current diagnoses included, but were not limited to, shortness of breath, neuropathic pain, chest pain, diabetes mellitus ketoacidosis, asthma, hypertension, seizures, and coronary artery disease.</p> <p>A telephone consent for the administration of the pneumococcal vaccine was dated 9/19/10.</p> <p>The record for Resident #6 lacked documentation of the pneumococcal</p>						

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	<p>vaccine being administered.</p> <p>During the daily conference with the Administrator, DON (Director of Nursing), and ADON (Assistant DON) on 4/4/11 at 5:00 P.M., information about Resident #6's pneumonia vaccine was requested.</p> <p>7. The record for Resident #22 was reviewed on 4/5/11 at 3:35 P.M.</p> <p>Current diagnoses included, but were not limited to, hypertension (HTN), diabetes mellitus, schizophrenia, arthritis, chronic renal failure, and seizure disorder.</p> <p>The April, 2011, recapitulation of physician's orders indicated "may have pneumonia vaccine".</p> <p>The record for Resident #22 lacked documentation of pneumococcal vaccine being offered, consent signed, or administration.</p> <p>During the daily conference with the Administrator, DON (Director of Nursing), and ADON (Assistant DON) on 4/5/11 at 4:30 P.M., information about Resident #22's pneumonia vaccine was requested.</p> <p>8. The record for Resident #53 was</p>						

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	<p>reviewed on 4/5/11 at 2:20 P.M.</p> <p>Current diagnoses included, but were not limited to, epilepticus, stroke, borderline personality disorder, asthma, schizophrenia, and diabetes mellitus.</p> <p>The record lacked a consent or administration of the pneumococcal vaccine.</p> <p>During the daily conference with the Administrator, DON (Director of Nursing), and ADON (Assistant DON) on 4/5/11 at 4:30 P.M., information about Resident #22's pneumonia vaccine was requested.</p> <p>9. Resident #84's record was reviewed on 04/05/11 at 1:20 P.M., diagnoses included but were not limited to paranoid schizophrenia, hyperlipidemia, hypertension, and bilateral lower extremity edema.</p> <p>The record lacked documentation of a consent for the pneumonia vaccine or of Resident #84 receiving or declining the pneumonia vaccine.</p> <p>3.1-13(a)</p>						

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F0371 SS=E	<p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on record review and observation the facility failed to ensure kitchen staff washed their hands according to facility policy for 1 of 2 kitchen observations. This had the potential to affect 92 residents who ate meals from the kitchen of 102 residents residing in the facility.</p> <p>Findings include:</p> <p>A current facility policy updated on 05/06 and titled, "Hand Washing" and provided by the Dietary Manager on 4/5/11 at 10:55 A.M. indicated,</p> <p>"Policy</p> <p>Dietary staff will wash hands after handling soiled surfaces, equipment or utensils ... before touching food or food-contact surfaces; ... and after engaging in other activities that contaminate hands."</p> <p>During the kitchen observation of lunch service on 4/4/11 at 12:15 P.M., Cook #1 was observed scooping food onto the resident's plates. The ladle used for scooping the soup beans fell into the pot. The cook removed the ladle with tongs and walked to the sink, turned on the</p>			F0371	<p><b>F371 Food procure, store/prepare/serve-sanitary.</b></p> <p>It is the practice of this provider to ensure that all alleged violations involving the food procurement, storage/preparation/serve-sanitation are in accordance with State and Federal law.</p> <p><b>What corrective action(s) will be taken for those residents found to have been affected by the deficient practice?</b></p> <p>A list of residents affected by alleged deficient practice was not provided.</p> <p>Cook#1 was educated on appropriate hand washing and handling of dishes and utensils.</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <p>All residents who reside in the facility have the potential to be affected by this alleged deficient practice.</p> <p>The Dietary Manager or designee will educate dietary staff on hand washing and appropriate food, dish and utensil handling and serving.</p> <p><b>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</b></p>		05/02/2011



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F0502 SS=D	<p>water and rinsed the ladle under running water. She handed the ladle to another dietary aide to wash and sanitize and the cook returned to the service line. No hand washing was observed. Cook #1 picked up a bowl, thumb inside the bowl and filled it with soup beans. She then picked up the plate, thumb over the edge of the plate and placed resident's potatoes and corn bread on the plate. Cook #1 turned away from the service line and opened a drawer to remove another ladle, and returned to the service line without washing her hands. She continued to pick up bowls and plates with the thumb inside the bowl and covering the edge of the plates while scooping the resident's food. She again turned around to retrieve another ladle from the drawer, walked to the stove, turned down the burner and stirred the pot of green beans. Cook # 1 returned to the service line and continued to put her thumb inside the bowls and covering the edges of the plates without washing her hands.</p> <p>3.1-21(i)(3)</p> <p>The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>Based on interview and record review, the facility failed to ensure laboratory orders</p>			F0502	<p>Dietary CQI will be completed once weekly X 4, biweekly X 2 then quarterly thereafter.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?</b></p> <p>The dietary CQI will be reviewed monthly by the CQI Committee.</p> <p>Deficiency in this practice will result in disciplinary action up to and including termination of the responsible employee.</p> <p><b>F502 Provide/obtain laboratory SVC-quality/timely.</b></p>		05/02/2011

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	<p>by a physician were followed. This affected 1 out of 21 residents reviewed for laboratory orders in a sample of 21. (Resident #84)</p> <p>Findings include:</p> <p>Resident #84's record was reviewed on 04/05/11 at 1:20 P.M., diagnoses included but were not limited to paranoid schizophrenia, hyperlipidemia, hypertension, and bilateral lower extremity edema.</p> <p>The record review indicated a current physicians order dated 02/24/11 for a BMP (Basal Metabolic Panel lab) every six months beginning in March 2011.</p> <p>The record lacked documentation of the lab being drawn.</p> <p>An interview with the Director of Nursing on 04/06/11 at 4:30 P.M., indicated there was no further documentation regarding the lab.</p> <p>3.1-49(a)</p>				<p>It is the practice of this provider to ensure that all alleged violations involving Providing/obtaining laboratory SVC-quality/timely are in accordance with State and Federal law.</p> <p><b>What corrective action(s) will be taken for those residents found to have been affected by the deficient practice?</b></p> <p>Lab ordered for Resident #84 has been obtained and the MD was notified of the results.</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <p>All residents who receive laboratory services who reside in the facility have the potential to be effected by the alleged deficient practice.</p> <p>All residents receiving laboratory services were reviewed to assure they were receiving laboratory services per MD order.</p> <p>The Staff Development Coordinator or designee will educate facility nurses on following MD orders for laboratory services and facility based lab process.</p> <p><b>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</b></p> <p>Labs/diagnostics CQI will be completed once weekly X 4, biweekly X 2 then quarterly thereafter.</p> <p><b>How the corrective action(s) will be</b></p>		

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F0504 SS=D	<p>The facility must provide or obtain laboratory services only when ordered by the attending physician.</p> <p>Based on record review and interview, the facility failed to ensure laboratory (lab) blood work was not done without a physician's order for the lab work for 1 of 18 residents reviewed for lab blood work in a sample of 21 (resident #6).</p> <p>Findings include:</p> <p>The record for Resident #6 was reviewed on 4/4/11 at 1:15 P.M.</p> <p>Current diagnoses included, but were not limited to, shortness of breath, neuropathic pain, chest pain, diabetes mellitus ketoacidosis, asthma, hypertension, seizures, and coronary artery disease.</p> <p>A physician's order, dated 3/8 or 9/11, indicated weekly BMP (Basic Metabolic Panel) was to be discontinued.</p>			F0504	<p><b>monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will</b></p> <p>The labs/diagnostics CQI will be reviewed monthly by the CQI Committee.</p> <p>Deficiency in this practice will result in disciplinary action up to and including termination of the responsible employee.</p> <p><b>F504 Lab SVCS only when ordered by physician.</b> It is the practice of this provider to ensure that all alleged violations involving Providing/obtaining laboratory SVCS only when ordered by physician are in accordance with State and Federal law. <b>What corrective action(s) will be taken for those residents found to have been affected by the deficient practice?</b> The BMP draw was d/c'd for Resident #6, lab was notified and the resident no longer receives this laboratory service. <b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b> All residents who receive laboratory services who reside in the facility have the potential to be effected by the alleged deficient practice. All residents receiving laboratory services were reviewed to assure they were receiving laboratory services per MD</p>		05/02/2011

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	<p>The record contained BMP lab results dated 3/14/11 and 3/21/11.</p> <p>During the daily conference with the Administrator, DON (Director of Nursing), and nurse consultant at 5:00 P.M., information about the BMP blood draws was requested.</p> <p>At the time of the final exit conference on 4/7/11 at 2:00 P.M., no further information had been provided.</p> <p>3.1-49(f)(1)</p>				<p>order. The Staff Development Coordinator or designee will educate facility nurses on following MD orders for laboratory services and facility based lab process. <b>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</b> Labs/diagnostics CQI will be completed once weekly X 4, biweekly X 2 then quarterly thereafter. <b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will</b> The labs/diagnostics CQI will be reviewed monthly by the CQI Committee. Deficiency in this practice will result in disciplinary action up to and including termination of the responsible employee.</p>		